

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9445</u>	2 Fiscal Year Covered From. <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Howard</u> <u>D</u> <u>Bortner</u> P.O. Box Bldg Room No if any _____ Street <u>910 Pembroke Street</u> City <u>Hopewell</u> State <u>Virginia</u> ZIP Code + 4 <u>23860</u>	4 Name file number and address of labor organization Name <u>BCTGM Local 359-T</u> Labor Organization File Number <u>509382</u> P.O. Box, Building and Room Number if any _____ Street <u>4100 Bermuda Hundred Road</u> City <u>Chester</u> State <u>Virginia</u> ZIP Code + 4 <u>23836</u>
5 Position in labor organization <u>Vice-President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P.O. Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ 7.b Amount. _____

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions)		
Signed <u>Howard D Bortner</u>	On <u>7/25/2005</u> Date	<u>804-541-3011</u> Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Lorrlord Tobacco

Trade Name if any

P O Box Bldg Room No if any P O Box 10529

Street

City Greensboro

State North Carolina ZIP Code + 4 27404 0529

14 a Nature of payment

Hosted dinner and golf during annual President/Vice President meeting on June 29 2004 with an estimated value of \$75 00

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment.

\$75

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name
Trade Name if any
P O Box Bldg Room No if any
Street
City
State ZIP Code + 4

9 Business deals with

- ☐ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name
Trade Name if any
P O Box Bldg Room No if any
Street
City
State ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name if any).

Name Liggett Vector Brand Inc
Trade Name if any
P O Box Bldg Room No if any P O Box 490
Street
City Mebane
State North Carolina ZIP Code + 4 27302

14 a Nature of payment

Hosted dinner during annual President/Vice-President meeting on June 30 2004 with an estimated value of \$35 00

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$35

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name if any).

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14.a Nature of payment

Provided dinner at Harry and Dave s during a
Corporate Affairs meeting in Washington DC on
11/26/04

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment.